



ODHH Office of the Deaf
and Hard of Hearing

BACKGROUND CHECK IDENTIFICATION VERIFICATION

Beginning date of employment or volunteer status _____.

Photocopy of:
Driver's License, Identification Card, or U.S.
Passport

(Document must be issued by a state or outlying possession of the United States, or by federal, state or local government agencies or entities (provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address))

I am authorized to verify the true identity of the person named in the identification document(s). I have examined the original document(s) in the presence of the above person. The document above appears to be genuine and verifies the person.

I am verifying the identity as:

- ☐ A manager, director, owner, or board member of the organization as a DSHS Contractor.
- ☐ A designated employee of a DSHS Contractor authorized by management.
- ☐ A Notary Public currently licensed in the State of _____.
- ☐ An employee from the Office of the Deaf and Hard of Hearing.

SIGNATURE OF AUTHORIZED REPRESENTATIVE		DATE
PRINT NAME HERE		TITLE